		- 3	7	y Ja								Pater	Approved for use through 10/3: Trademark Office: U.S. DEPAR	PTO/SB/17 (09-00) 1/2002. OMB 0651-0032 ITMENT OF COMMERCE
—n /-			-			ider the Pap	erwand Roduct	ion Act of 19	995, no pers	sons are re	quired to res	spond to a collection of	t information unless it displays a va	alid OMB control number.
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FEE TRANSMITEALAPP									417/8x					
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						MAE	KU	Application Number						
									Filing Date				July 15,	
									First Named Inventor				Ebner et	tal.
									Examiner Name				Draper,	G.
									Group Art Unit				1647	
Total amount of payment \$180.00									y Docket	t Numbe	r		PF39	9
	•													
	_				(CHECK			FEE CALCULATION (CONTINUED)						
The Commissioner is hereby authorized to charge indicated									DDITION					
fees and credit any overpayment to: Deposit Account 08-3425									Large Entity Small Entity					
	mber	111		00	-3723			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
		nt H	umar	Genom	ie Scienc	es. Inc.		105	130	205	65	•	iling of Oath or Declaration	
Deposit Account Human Genome Sciences, Inc. Name													o. o Decimination	
•									50	227	25	Surcharge - late p	provisional filing fee or cover	오 크
												sheet		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17								139	130	139	130	Non-English spec	cification	H
Un	ider 37	CFR	§§ 1.	16 and 1.	17			147	2,520	147	2,520	For filing a reque	est for ex parte reexamination	Z 7 (
								112	920	112	920		cation of SIR prior to Examiner	⊞ ° π
Annligant alaims small antituretasses									1,840	113	1,840	action		
Applicant claims small entity status									1,040	113	1,040	action	cation of SIR after Examiner	16 2
See 37 CFR 1.27									110	215	55		ly within first month	
									390	216	195		ly within second month	2001 1600/2900
2. Payment Enclosed:									890	217	445	•	ly within third month	
☐ Check ☐ Credit Card ☐ Money Order ☑ Other								118	1,390	218	695	-	ly within fourth month	8
Charge any deficiencies or credit any overpayments in the fees or fee									1,890	228	945		ly within fifth month	**
calculations of Parts 1, 2 and 3 below to Deposit Account No. 08-3425									-,					
									310	219	155	Notice of Appeal		
FEE CALCULATION									310	220	155	Filing a brief in s	upport of an appeal	
1. BASIC FILING FEE								121	270	221	135	Request for oral l		
Large	Entity		mall	Entity	Fee		Fee	138	1,510	138	1,510	Petition to institu	te a public use proceeding	
Fee	Fee		Fee	Fee	Description)	Paid							
Code 101	(\$) 710		Code 201	(\$) 355	Utility filing	. 600		140	110	240	55	Petition to revive		
106	320		206	160	Design filin	-		141	1,240	241	620	Petition to revive		
107	490		207	245	Plant filing	-		142	1,240	242	620	Utility issue fee (
108	710	2	208	355	Reissue filir			143	440	243	220	Design issue fee	,	
114	150	2	214	75	Provisional	filing fee		144	600	244	300	Plant issue fee		
								122	130	122	130	Petitions to the C	onunissioner	
•	Subtot	al (1))				\$0.00	123	50	123	50		to provisional applications	100.00
2. EXTRA CLAIM FEES								126	180	126	180		formation Disclosure Statement	180.00
2. EXTR.	A CLAIM	FEES	•					581	40	481	40		patent assignment per property	
					1	Fee	Fee	146	710	246	355	(times number of	properties) on after final rejection	
					Extra	from	Paid	140	710	240	333	(37 CFR 1.129(a)		
						below						(··	
Total clai	i mar			- 20"	 	\$18.00	s	149	710	249	355		al invention to be examined (37	
Indep.cla	_			- 3"				170	7.0	***		CFR 1.129(b))		
Multiple	- IIIIS			- 3	-	\$80.00	\$	179 169	710 190	279 169	355 900		inued Examination (RCE) dited examination of a design	
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•	_							Other fe	e (specify):	:				
Large Entity Small Entity Fee Fee Fee Fee Description								Other fee	(specify):					
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Code (\$) Code (\$)										****	D			<u></u>
103 18 203 9 Claims in excess of 20						Reduce	d by Basic	riing Fe	e Paid					
103	80 202 40 Independent claims in excess of 3													
104	270 204 135 Mutliple dependent claim													
108	80	80 209 40 **Reissue independent claims												
110	over original patent 18 210 9 **Reissue claims in excess of 20			Subsect (2)						910000				
110	18	2	.10	9		claims in e original pate		l				Subtotal (3)		\$180.00
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Registration No.: 46,789

Complete (if applicable)

Telephone (240) 314-1224

Date

\$0.00

Subtotal (2)

Submitted By

Signature:

Name (Print/Type) Mark J. Hyman